



COPY OF PAPERS
ORIGINALLY FILED

Please check the sign (+) inside this box →



Modified PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/496,374	
	Filing Date	February 2, 2000	
	First Named Inventor	Masami KIDONO	
	Group Art Unit	2673	
	Examiner Name	Jeffrey J. Piziali	
Total Number of Pages in This Submission		Attorney Docket Number	OOCL-11 (11P024627)

RECEIVED

APR 29 2002

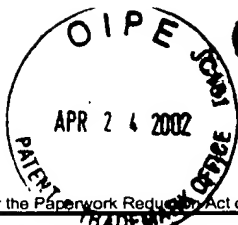
Technology Center 260

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Postcard Receipt
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Two (2) sheets of proposed drawing corrections, and separate sheets with marked-up version of the specification and claims.
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John C. Pokotylo (Reg. No. 36,242)
Signature	
Date	April 15, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 15, 2002	
Typed or printed name	John C. Pokotylo
Signature	
Date	April 15, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS
ORIGINALLY FILED

Modified PTO/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/496,374
		Filing Date	February 2, 2000
		First Named Inventor	Masami KIDONO
		Examiner Name	Jeffrey J. Piziali
		Group Art Unit	2673
TOTAL AMOUNT OF PAYMENT		(\$)	194.00
		Attorney Docket No.	OOCL-11 (11P024627)

RECEIVE

APR 29 2002

Technology Center 26

METHOD OF PAYMENT		FEE CALCULATION (continued)																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to: Deposit Account Number: 50-1049 Deposit Account Name: Straub & Pokotylo <input checked="" type="checkbox"/> Charge any deficiency or credit any overpayment. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		3. ADDITIONAL FEES																													
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																															
FEE CALCULATION																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 740</td><td>201 370</td><td>Utility filing fee</td><td></td></tr><tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td></td></tr><tr><td>107 510</td><td>207 255</td><td>Plant filing fee</td><td></td></tr><tr><td>108 740</td><td>208 370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 160</td><td>214 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(\$) 00.00</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 740	201 370	Utility filing fee		106 330	206 165	Design filing fee		107 510	207 255	Plant filing fee		108 740	208 370	Reissue filing fee		114 160	214 80	Provisional filing fee		SUBTOTAL (1)			(\$) 00.00		
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																												
101 740	201 370	Utility filing fee																													
106 330	206 165	Design filing fee																													
107 510	207 255	Plant filing fee																													
108 740	208 370	Reissue filing fee																													
114 160	214 80	Provisional filing fee																													
SUBTOTAL (1)			(\$) 00.00																												
2. EXTRA CLAIM FEES																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>10</td><td>-20** = 0</td><td>18.00</td><td>00.00</td></tr><tr><td>7</td><td>-6** = 1</td><td>84.00</td><td>84.00</td></tr><tr><td colspan="3">Multiple Dependent</td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	10	-20** = 0	18.00	00.00	7	-6** = 1	84.00	84.00	Multiple Dependent																	
Total Claims	Extra Claims	Fee from below	Fee Paid																												
10	-20** = 0	18.00	00.00																												
7	-6** = 1	84.00	84.00																												
Multiple Dependent																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102 84</td><td>202 42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104 280</td><td>204 140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109 84</td><td>209 42</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>110 18</td><td>210 9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2)</td><td>(\$) 84.00</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20		102 84	202 42	Independent claims in excess of 3		104 280	204 140	Multiple dependent claim, if not paid		109 84	209 42	**Reissue independent claims over original patent		110 18	210 9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			(\$) 84.00		
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																												
103 18	203 9	Claims in excess of 20																													
102 84	202 42	Independent claims in excess of 3																													
104 280	204 140	Multiple dependent claim, if not paid																													
109 84	209 42	**Reissue independent claims over original patent																													
110 18	210 9	**Reissue claims in excess of 20 and over original patent																													
SUBTOTAL (2)			(\$) 84.00																												
**or number previously paid, if greater; For Reissues, see above		Other fee (specify) _____																													
		Reduced by Basic Filing Fee Paid																													
		SUBTOTAL (3) (\$) 110.00																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John C. Pokotylo	Registration No. (Attorney/Agent)	36,242
Signature	<i>John C. Pokotylo</i>	Telephone	(732) 335-1222
		Date	April 15, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.